



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Chen & Huang

Application No. 10/753,068

Filed: January 4, 2004

Atty Dkt No. PP17853.005/012441.00050

For: **IMPROVED METHOD OF PURIFYING TFPI AND TFPI ANALOGS**

SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants submit the accompanying Supplemental Application Data Sheet, which identifies a second assignee.

If any fees are due, please charge our Deposit Account No. 19-0733.

Respectfully submitted,

Dated: April 19, 2004

By:

Lisa M. Hemmendinger
Registration No. 42,653

BANNER & WITCOFF, LTD.
1001 G Street, N.W. 11th Floor
Washington, D.C. 20001
202 824-3000



Application Data Sheet

Application Information

Application number:: 10/753,078
Filing Date:: 01/08/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?: Paper
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF:: 1
Title:: Improved Method of Purifying TFPI and TFPI
Analog
Attorney Docket Number:: 12441.00050/16331.004
Request for Early Publication?: NO
Request for Non-Publication?: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 18
Small Entity?: NO
Latin name::
Variety denomination name::
Petition included?: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: David
Middle Name:: H.
Family Name:: REIFSNYDER
Name Suffix::
City of Residence:: El Cerrito
State or Province of Residence:: California
Country of Residence:: United States of America
Street of mailing address::
City of mailing address:: El Cerrito
State or Province of mailing address:: California
Country of mailing address:: United States of America
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Duane
Middle Name::
Family Name:: INLOW
Name Suffix::
City of Residence:: Alamo
State or Province of Residence:: California
Country of Residence:: United States of America
Street of mailing address::
City of mailing address:: Alamo

State or Province of mailing address:: California
Country of mailing address:: United States of America
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Glenn
Middle Name::
Family Name:: DORIN
Name Suffix::
City of Residence:: San Rafael
State or Province of Residence:: California
Country of Residence:: United States of America
Street of mailing address::

City of mailing address:: San Rafael
State or Province of mailing address:: California
Country of mailing address:: United States of America
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Patricio
Middle Name:: T.
Family Name:: RIQUELME
Name Suffix::
City of Residence:: Walnut Creek
State or Province of Residence:: California
Country of Residence:: United States of America

Street of mailing address::

City of mailing address:: Walnut Creek
State or Province of mailing address:: California
Country of mailing address:: United States of America
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Cynthia

Middle Name::

Family Name:: COWGILL

Name Suffix::

City of Residence:: Berkeley

State or Province of Residence:: California

Country of Residence:: United States of America

Street of mailing address::

City of mailing address:: Berkeley

State or Province of mailing address:: California

Country of mailing address:: United States of America

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Doug

Middle Name:: G.

Family Name:: BOLESCH

Name Suffix::

City of Residence:: Berkeley

State or Province of Residence:: California
Country of Residence:: United States of America
Street of mailing address::

City of mailing address:: Berkeley
State or Province of mailing address:: California
Country of mailing address:: United States of America
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Mark
Middle Name:: E.
Family Name:: GUSTAFSON
Name Suffix::
City of Residence:: St. Charles
State or Province of Residence:: Missouri
Country of Residence:: United States of America
Street of mailing address::

City of mailing address:: St. Charles
State or Province of mailing address:: Missouri
Country of mailing address:: United States of America
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 27476

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | Non-Provisional of | 60/512,199 | October 20, 2003 |
| This Application | Non-Provisional of | 60/509,277 | October 8, 2003 |
| This Application | Non-Provisional of | 60/494,546 | August 13, 2003 |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee name:: Chiron Corporation
Street of mailing address:: 4560 Horton Street
City of mailing address:: Emeryville
State or Province of mailing address:: California
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 94608-2916

Assignee name:: Pharmacia & Upjohn Company
Street of mailing address:: 7000 Portage Road
City of mailing address:: Kalamazoo
State or Province of mailing address:: MI
Country of mailing address::
Postal or Zip Code of mailing address:: 49001